

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DT		
O.I.P.E. CLASSIFIER		21	1/22/99
FORMALITY REVIEW	M.O.	69350	2-3-99

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral) ... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	9/18/02
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Best Available Copy